A Life in the Community for Everyone

SAMHSA

Substance Abuse and Mental Health Services Administration

www.samhsa.gov • 1-877-SAMHSA-7

Behavioral Health is Essential To Health

Prevention Works

Treatment is Effective

People Recover

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Healthcare Reform Impact

The Road Ahead

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Affordable Care Act

- Major Drivers
  - More people will have insurance coverage
  - Medicaid will play a bigger role in MH/SUD than ever before
  - Focus on primary care and coordination with specialty care
  - Major emphasis on home and community based services and less reliance on institutional care
  - Preventing diseases and promoting wellness is a huge theme

Impact of Affordable Care Act

Impact on Coverage

- 39% of individuals served by SMHAs have no insurance (CMHS)
- 61% of the individuals served by SSAs have no insurance
- Services for some of these individuals are purchased with BG funds
- Many individuals will be covered in 2014 (or sooner)—most likely by the expansion in Medicaid

Coverage

Enrollment

- 32 million individuals—volume issues for 2014
- Skepticism—many haven't been enrolled—historical message that you will never be covered
- Challenges—doors to enrollment and challenging enrollment processes
- Churning

What Do We Know About the Newly Covered?

- Individuals Near the Federal Poverty Level
  - More diverse group than we think
  - Some our current clients seen in our specialty care system
  - Ages
    - 40% under the age of 29
    - 12% between 30-39
    - 29% between 40 and 54
    - 15% are over 55
  - 56% are employed or living with their families

Source: Center on Budget and Policy Priorities

What Do We Know About the Newly Covered?

- Annual Insurance Coverage
  - 47% of poor adults have insurance at some point in the year
  - 35% are uninsured all year
  - 18% are insured all year
- 60% forgo medical care due to coverage
  - Conditions are more acute when they present
  - Care is more costly

Source: Center on Budget and Policy Priorities

What Do We Know About the Newly Covered?

Traits	**>100%**	**100-200%**	**200% + FPL**
Poor or fair *physical* health	25%	18%	11%
Poor or fair *mental* health	16%	11%	6%

Source: Center on Budget and Policy Priorities

What Do We Know About the Newly Covered?

Churning—30.5% of Medicaid caseload will lose eligibility in a given month. 17% of all eligibles/year. Why?

- Failure to complete information on application (60%)
- Didn't provide the correct verification (14%)
- Whereabouts unknown (7%)
- Other—mid month issues

Implications:

- May not know when someone is ineligible
- Resources to assist with applications and tracking
- Others?

Massachusetts Medicaid Policy Institute

Service Coverage

- Need to make decisions:
  - Benchmark plans for Medicaid
  - Essential benefits for exchanges
  - Scope of services for parity
  - How to use block grant dollars differently

What Do We Know About Coverage?

- Timing—Decisions about coverage are not immediate
- Some sense of categories (Exchanges)
  - Mental health and substance abuse services
  - Rehabilitation and habilitation services
  - Pharmacy
  - Preventive and wellness services
- We have not been clear about what is good and modern

Is This Good and Modern?

Treatment Services	# of Persons	# of Admissions	Percent
DETOXIFICATION (24-HOUR CARE)			
Hospital inpatient	22,369	27,545	1.29%
Free-standing residential	234,057	324,413	15.21%
REHABILITATION/RESIDENTIAL			
Hospital inpatient	9,949	11,885	0.56%
Short-term (up to 30 days)	162,104	182,839	8.58%
Long-term (over 30 days)	145,218	169,345	7.94%
AMBULATORY (OUTPATIENT)			
Outpatient	897,192	1,065,511	49.97%
Intensive outpatient	215,257	239,157	11.22%
Detoxification	15,798	19,220	0.90%
Opioid Replacement Therapy	82,908	92,291	4.33%
2010 Totals	**1,784,852**	**2,132,206**	

Primary Care And Coordination

- Readmissions
  - 20% of Medicare patients are readmitted within 30 days after a hospital discharge
  - Lack of coordination in “handoffs” from hospital is a particular problem
  - More than half of these readmitted patients have not seen their physician between discharge and readmission

Impact of Affordable Care Act

- Focus on Primary Care
  - 5 Different Medical Home Initiatives to focus on coordinating primary and specialty care
  - Enhanced federal incentives (Medicaid and Medicare) for these initiatives
  - Significant grant funds to educate primary care

Impact of Affordable Care Act

- Focus on coordination between primary care and specialty care:
  - Significant enhancements to primary care
    - Workforce enhancements
    - Increased funding to SAMHSA, HRSA and HIS
    - Bi-directional
      - MH/SUD in primary care
      - Primary care in MH/SUD settings
      - Services and technical assistance

Impact of Affordable Care Act

- Health Homes
  - Focus on chronic conditions (or at risk)
  - Start date: 4 months and counting
  - Medicaid state plan
  - 90% match initially—big incentives for states
- Several new services:
  - Comprehensive Care Management
  - Care Coordination and Health Promotion
  - Patient and Family Support
  - Comprehensive Transitional Care
  - Referral to Community and Social Support Services

Home and Community Services

- State long term care systems still unbalanced
  - Some states still have more than 75% of LTC spending in "institutions"
  - Access to HCB services is limited—historical issues (limited Waiver slots)
  - Continued concerns about the quality of these services
- Dual Eligibles (Medicare and Medicaid)
  - $370B in expenditures for this population in FY 2007
  - Most are in LTC facilities
  - 60% have a ID or BH disorder

Impact of Affordable Care Act

- Focus on Home and Community Based Services
  - Happening Now!!—Expansion of Medicaid to additional HCBS services and for individuals in institutional care (PRTFs/IMD 65+)
  - 10/1/2010—1915i Redux
  - Medicare and Medicaid Demonstration Projects

So What Should We Do?

- Many provisions are still needing further clarity (regulations, SMDs, Grants)
- Some opportunities now
- Three years + until some of the major provisions
- Information overload
- Economic challenges continue

Steps Toward Implementation for States

- Organize/Participate an Implementation Team
- Identify who in your state is the lead regarding implementation
- Identify a lead staff person that is your “ACA” expert
- Perform a scan on all in-state health reform initiatives (present and future)
- Develop a workplan that mirrors the ACA timeline
- Develop uniform talking points on HCR for your state

Steps Toward Implementation for States

- Develop a financial map of MH/SUD services across agencies to understand where money is now
- Create a stakeholder team regarding HCR—manage expectations and communication

Steps Toward Implementation for States

- Understand the New Health Insurance Exchanges
  - Understand exchanges—concepts and how they work
  - Identify if and who in your state will apply for the federal exchange planning grants
  - Identify what health plans that might participate in the exchanges will need to know about MH/SUD

Steps Toward Implementation for States

- Integrating MH/SUD and Primary Care
  - Understanding basic concepts and opportunities regarding integration
    - Accountable Care Organizations
    - Health Homes
    - Standards for medical homes
  - Agreeing on the model(s) for bi-directional primary care and MH/SUD integration
  - Making sure that you engage in discussion with Medicaid about health home opportunities
  - Identifying current state policies that create barriers to integration (same day billing rules)
  - Facilitating Partnerships between Specialty and Primary care Providers

Steps Toward Implementation for States

- Develop a Coverage Crosswalk and Attempt to Close Remaining Gaps
  - Identify individuals that are and will be covered by Medicaid and exchanges
  - Identify where there are obvious gaps in service coverage (current Medicaid coverage)
  - What is your vision for a good and modern system
  - Do some forecasting (even given the unknowns)
  - Have a plan to move toward what you want to buy in FY 2015

Steps Toward Implementation for States

- Translate Eligibility into a Consumer-Friendly Environment
  - Understand the eligibility criteria
  - Find out who will be responsible for enrollment into the exchange
  - What is being done now regarding eligibility and enrollment
  - Begin to discuss outreach and public education for individuals that have MH/SUD
  - What will be the cost-sharing policies. How will that impact access?

Steps Toward Implementation for States

- Assure MH/SUD Service Capacity
  - Not limited to just specialty system—how are FQHCs, CHCs and others expanding capacity
  - What opportunities can you take advantage of to expand service capacity
    - Money Follows the Person
    - Re-balancing Initiatives
    - Home Visiting
    - School-based health clinics
  - Current Medicaid options

Steps Toward Implementation for States

- Have tools that can be used to determine provider capacity.
- The means by which current and new providers will be able to address:
  - New clinical systems
  - Provide for consumer and family roles
  - New business systems,
  - Identify workforce issues
- The capacity of safety-net organizations to become providers for health plans.

Steps Toward Implementation for States

- Assure Quality and Efficiency
  - Being clear about measures—how do they comport with NQF and AHRQ?
  - Having evidence factored into decisions about what you buy
  - Developing models that support consumer-directed care

What Else Should We Be Doing?

- Stay Excited
- Stay Informed
- Get and Stay Involved—we haven't entered the woods yet!!!!!!